

Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010070-8

SERVICES OTHER THAN PERSONAL

Bu. Vou. No.

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U. S. (Department, bureau, or establishment)

Voucher prepared at (Give place and date)

THE UNITED STATES, Dr., Payee's Account No.

To Ramo-Wooldridge Corporation
(Payee)
8820 Ballanca Avenue Los Angeles 25, California
(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms INVOICE NUMBERS	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		1060				\$ 57	83 ✓
		1061				78	53 ✓
		1062				67	28 ✓
		1063				4,717	37 ✓
		1064				4,829	03 ✓
		1065				42,054	06 ✓
		1066				32,048	55 ✓
Total						\$83,852	65 ✓

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from to Weight Government B/L No. Total \$83,852 65 ✓

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences

Date *Payee (This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for (Signature or initials)

Per Title Contract No. A-101 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for

† Approved for \$

By SIGN ORIGINAL ONLY Title Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

STATINTL

STATINTL

Paid by { Check No. dated 19 for \$ on Treasurer of the United States in favor of payee named above.
Cash, \$, on 19 Payee (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary" or "Treasurer" as the case may be.
† If the ability to certify is in doubt, a proper signature must be obtained from the approving officer, and necessary; otherwise the approving officer will sign on the line below Approved for \$, and over his official title.

Per

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PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Approved For Release 2000/04/11 : CIA-RDP64-00360R000600010070-8
Bu. Vou. No. _____

Page 1 of 1

U. S. _____
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To **Rams-Woolbridge Corporation**
(Payee)

8800 Ballantrae Avenue **Los Angeles 25, California**
(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		INVOICE NUMBERS					
		1060				4	
		1061				57	83
		1062				78	33
		1063				67	85
		1064				4,717	37
		1065				4,829	93
		1066				48,034	06
						32,048	55

PAYMENT:
Complete ☐
Partial ☐
Final ☐

Use continuation sheet(s) if necessary

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total **\$83,852 65**

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences _____

Date _____ *Payee _____
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for _____

(Signature or initials)

Per _____ Title _____

Contract No. **A-101** Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____
(Contracting Officer)

Title _____
(Approving Officer)

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ { on Treasurer of the United States in
Cash, \$ _____, on _____, 19____, Payee _____ favor of payee named above.

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the name of the person who signs the voucher, must be written in the space provided for the signature of the person who signs the voucher. For example: "John Doe Company, per _____, Secretary or Treasurer, as the case may be."
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____